

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

DDE-855 (Rev. 01/2004)

STATE OF WISCONSIN

SOS Desk (608) 266-9198

Completion of this form meets the requirements of
the State / County contract specified under the
Wisconsin Statutes. S. 46.031(2g)

HSRS MENTAL HEALTH MODULE

REGISTRATION - Screen M1 - New, Update, Error Correct or Inquiry

MODULE TYPE 9

| | | | | | | | | |
|---|--|---------------|--|--------------------------|-------------|-------------|--------------------------|--------------|
| Episode Key | | 1 Worker ID | | | 2 Client ID | | | |
| 3a Last Name | | 3b First Name | | 3c Middle Name | | 3d Suffix | 4 Birthdate (mm/dd/yyyy) | 5 Sex F M |
| 6a Hispanic / Latino Y = Yes N = No | 6b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White | | | 7 Client Characteristics | | 8 MA Number | | |

MENTAL HEALTH INFORMATION

| | | | | | | | | |
|----------------------|----------------------------------|----------------------------|--|--|---------------------|--------------|------------------------|-------------------------|
| 9a Commitment Status | 9b Commitment Status Review Date | 10 BRC Target Population | 11 Presenting Problem (client perspective) | 12 Diagnostic Impression Primary Axis III | | | 13 County of Residence | 14 Episode Closing Date |
| 15 Social Support | 16a No. of Minor Children | 16b No. Living With Client | 17 Veteran Status Yes / No | 18 Referral Source | 19 Case Review Date | 20 Family ID | 21 Local Data | |

SERVICES - Screen M2 - New, Update, Error Correct or Inquiry

| Prog. No. (U) | 22 SPC/Subprogram | 23 SPC Start Date | 24 Provider Number | Units 25 Days 26 Other | | 27 SPC End Date | 28 SPC End Reason | 29 Delivery Date mm yyyy | 30 SPC Review Date mm yyyy |
|---------------|-------------------|-------------------|--------------------|---------------------------|--|-----------------|-------------------|-----------------------------|-------------------------------|
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CONSUMER STATUS - Screen M4 Required when BRC Target Population in Field 10 is Coded H or L.

| | | | | | | | | | |
|---------------------------------|---|---------------|-------------------------------------|-----------------------------|------------------|--|--|-----------------------|-----------------|
| 31 BRC Target Population Update | 32 Psychosocial and Environmental Stressors | | 33 Global Assessment of Functioning | | 34 Health Status | 35 Health Care Appointment Health Vision Dental | | | 36 Suicide Risk |
| 37 Residential Arrangement | 38 Daily Activity | 39 Employment | 40 Employment Level | 41 Commitment Status Update | | 42 Criminal Justice System | | 43 Financial Supports | |

OPTIONAL DATA - Screen 18 (Module Key):

| | | | | | |
|----------------|------|-------|----------|--------|------------------|
| Street Address | City | State | ZIP Code | County | Telephone () |
|----------------|------|-------|----------|--------|------------------|

Shaded areas are optional.